

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/ 584871**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	/	/	/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11	/		/			
12	/		/			
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15	/		/			
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42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	/		/			
48	/		/			
49	/		/			
50	/		/			
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52			/		/	
53			/		/	
54			/		/	
55			/		/	
56			/		/	
57			/		/	
58			/		/	
59			/		/	
60			/		/	
61			/		/	
62			/		/	
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64	/		/		/	
65			/		/	
66			/		/	
67			/		/	
68			/		/	
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73			/		/	
74			/		/	
75			/		/	
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77			/		/	
78			/		/	
79			/		/	
80			/		/	
81			/		/	
82			/		/	
83			/		/	
84			/		/	
85			/		/	
86			/		/	
87			/		/	
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89			/		/	
90			/		/	
91			/		/	
92			/		/	
93			/		/	
94			/		/	
95			/		/	
96			/		/	
97			/		/	
98			/		/	
99			/		/	
100			/		/	
TOTAL IND.	3		↓		3	↓
TOTAL DEP.	25		←		48	←
TOTAL CLAIMS	88				71	